Kentucky Department for Medicaid Services
Pharmacy and Therapeutics Advisory Committee

Secretary for Health and Family Services Selections for Preferred Products

This is a summary of the final Preferred Drug List (PDL) selections made by the Secretary for Health and Family Services based on the March 20, 2008 and May 15, 2008 Pharmacy and Therapeutics Advisory Committee (PTAC) Meetings.

Therapeutic Class	PTAC Recommendation	Final Decision(s)
New Drugs To Market (NDTM)	1. New drugs/line extensions that enter the market and fall within a managed class on the Preferred Drug List (PDL) or within an existing Clinical Edit will require a Prior Authorization until reviewed by the Pharmacy and Therapeutics Advisory Committee (PTAC); 2. Review will be conducted within 75 days of the market entry date (as defined by First Data Bank (FDB)); 3. If a meeting is scheduled and cannot be held (i.e. due to weather issues or not achieving quorum, then the new drugs/line extensions agenda will be carried over to the next PTAC meeting; 4. New drug/line extension Prior Authorization request(s) will be reviewed for approval on a case by case basis by the State's Medical Director or designee.	Implement as described.
Topical: Impetigo Agents	1. DMS to select preferred agents based upon economic evaluation; 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	<u>Selected Preferred Agents</u> -Mupirocin

Hepatitis B Agents	1. DMS to prefer ALL current agents (Hepsera®, Baraclude®, Epivir HBV®, Tyzeka®)	Selected Preferred Agents -Hepsera® -Baraclude® -Epivir HBV® -Tyzeka®
Antibiotics; Oral Quinolones	1. DMS to select preferred agents based upon economic evaluation; 2. Both generic ciprofloxacin and ofloxacin must be preferred (2nd generation agents); 3. A minimum of two 3rd generation agents must be preferred; 4. Either Avelox® or Levaquin must be preferred (3rd generation agents); 5. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	Selected Preferred Agents *3rd Generation* -Avelox® -Avelox ABC® -Factive® *2nd Generation* -Ciprofloxacin -Ofloxacin
Narcotics; Long-Acting	1. DMS to select preferred agents based upon economic evaluation; 2. A topical fentanyl patch (brand or generic) must be preferred; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	Selected Preferred Agents -Duragesic® -Kadian® -Morphine SO_4
Calcium Channel Blockers (DHP)	1. DMS to select preferred agents based upon economic evaluation; 2. All current generics must be preferred; 3. Any agent not selected as preferred will be grandfathered if there is a claim in history in the past 90 days; 4. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	Selected Preferred Agents -Amlodipine -Felodipine -Nicardipine -Nifedipine -Isradipine -Nisoldipine

ACEI and CCB Combination	1. Rename class to: Angiotensin Modulators and CCB Combinations; 2. DMS to select preferred agents based upon economic evaluation; 3. DMS to select agent(s) based on economic evaluation with at least one preferred dihydropyridine and one ARB; 4. Any agent not selected as preferred will be grandfathered if there is a claim in history in the past 90 days; 5. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	Selected Preferred Agents -Lotrel® -Exforge®
Lipotropics; Non-Niacin Triglyceride Lowering Agents	1. DMS to select preferred agents based upon economic evaluation; 2. One fibric acid derivative and at least one fenofibrate must be preferred; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	Selected Preferred Agents -Gemfibrozil -Tricor®
Corticosteroids Intranasal	1. DMS to select preferred agents based upon economic evaluation; 2. At least one agent with pediatric indications must be preferred; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	Selected Preferred Agents -Nasonex® -Fluticasone -Flunisolide
Alzheimer's Agents; Cholinesterase Inhibitors	1. DMS to select preferred agents based upon economic evaluation; 2. Cognex® cannot be the sole preferred agent (if selected as preferred); 3. DMS to allow continuation of therapy if a claim in history in the past 90 days; 4. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	Selected Preferred Agents -Aricept® -Exelon®

Beta-Agonist Inhalers; Combination Products	1. DMS to select preferred agents based upon economic evaluation; 2. One agent indicated for pediatric patients age 4 years and above must be available; 3. All current agents must be preferred (Symbicort® and Advair®); 4. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	<u>Selected Preferred Agents</u> -Advair® -Symbicort®
High Potency Statins	1. DMS to select preferred agents based upon economic evaluation; 2. Simvastatin must be preferred; 3. Either Lipitor® or Crestor® must be preferred; 4. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	<u>Selected Preferred Agents</u> -Simvastatin -Crestor® -Vytorin®
Beta-Agonist; Long Acting Agents	1. DMS to select preferred agents based upon economic evaluation; 2. Must have at least one inhaler as preferred; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	<u>Selected Preferred Agents</u> -Serevent®
Proton Pump Inhibitors	1. DMS to select preferred agents based upon economic evaluation; 2. Must allow Prevacid SoluTab® for patients under the age of 12; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	<u>Selected Preferred Agents</u> -Nexium® -Prevacid® capsules -Prilosec OTC® -Prevacid SoluTab® - *(for under age of 12)*

Alpha/Beta Blockers (Oral)	1. DMS to select preferred agents based upon economic evaluation; 2. All current generic agents must be preferred; 3. At least one alpha selective agent must be preferred; 4. At least one agent with a CHF indication must be preferred; 5. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	Selected Preferred Agents -Acebutolol -Atenolol -Betaxolol -Bisoprolol -Carvedilol -Labetolol -Metoprolol Tartrate -Metoprolol Succinate -Nadolol -Pindolol -Propranolol -Sotalol -Timolol
Ophthalmic Prostaglandin Inhibitors	1. DMS to select preferred agents based upon economic evaluation; 2. Must have at least two preferred agents; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	Selected Preferred Agents -Travatan® -Travatan Z® -Xalatan®
Ophthalmic Antihistamines	1. DMS to select preferred agents based upon economic evaluation; 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	Selected Preferred Agents -Alaway OTC® -Patanol® -Pataday® -Zaditor OTC®
Antibiotics; Macrolides	1. DMS to select preferred agents based upon economic evaluation; 2. Generic clarithromycin and azithromycin and all current generic erythromycin(s) must be preferred; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization	Selected Preferred Agents -Azithromycin -Clarithromycin

Low Molecular Weight Heparins	1. Agents not selected as preferred will require a prior authorization 2. Require therapeutic failure of one preferred agent prior to approval of non-preferred agents 3. Allow continuation of therapy for agents selected as non-preferred for patients who have a history within the last 30 days 4. For any new chemical entity, product, or dosage form of Low Molecular Weight Heparins, require a prior authorization until reviewed by the P & T Advisory Committee 5. Arixtra® can not be sole preferred agent	<u>Selected Preferred Agents</u> -Arixtra® -Fragmin® -Lovenox®
First Generation Anti-Convulsants	1. DMS to select all single source brand agents 2. Agents not selected as preferred will require prior authorization, but will remain at a Tier 1 co-payment for generic alternatives, and a Tier 2 co-payment for branded products 3. Require therapeutic failure of preferred agent prior to approval of a non-preferred agent 4. Allow continuation of therapy for agents selected as non-preferred for patients who have a history within the last 90 days	<u>Selected Preferred Agents</u> -Celontin® -Depakote® -Depakote ER® -Depakote Sprinkle® -Ethosuximide -Felbatol® -Mebaral® -Phenytoin -Primidone -Valproic Acid
Second Generation Anti-Convulsants	1. DMS to select all single source brand agents 2. Agents not selected as preferred will require prior authorization, but will remain at a Tier 1 co-payment for generic alternatives, and a Tier 2 co-payment for branded products 3. Require therapeutic failure of preferred agent prior to approval of a non-preferred agent 4. Allow continuation of therapy for agents selected as non-preferred for patients who have a history within the last 90 days	<u>Selected Preferred Agents</u> -Gabapentin -Gabitril® -Keppra® -Lamictal® -Lamotrigine -Lyrica® -Topamax® -Zonisamide

Carbamazepine Derivatives; Anti-Convulsants	1. DMS to select all single source brand agents 2. Agents not selected as preferred will require prior authorization, but will remain at a Tier 1 co-payment for generic alternatives, and a Tier 2 co-payment for branded products 3. Require therapeutic failure of preferred agent prior to approval of a non-preferred agent 4. Allow continuation of therapy for agents selected as non-preferred for patients who have a history within the last 90 days	<u>Selected Preferred Agents</u> -Carbamazepine -Carbatrol® -Epitol® -Oxcarbazepine -Tegretol XR®
Antimigraine Agents, Triptans	1. Agents not selected as preferred based on economic evaluation will require PA 2. Continue to require failure of a preferred agent(s) before PA approval of a non-preferred agent 3. Continue monthly quantity limits per manufacturer's guidelines, with PA required for additional medication 4. As part of quantity limit override criteria, require the patient to be on concurrent migraine prophylaxis medication (beta blocker, tricyclic antidepressant, calcium channel blocker, etc.) at a therapeutic dose 5. Require PA for duplicate therapy/concurrent use of triptans by different routes 6. For any new chemical entity in the triptan class, require a PA until reviewed by the P&T Advisory Committee	<u>Selected Preferred Agents</u> -Imitrex® *(All dosage forms)* -Maxalt® -Maxalt MLT®

Antiemetics, Oral	1. Continue quantity limits (No PA) –Request for higher doses would require PA 2. For any new chemical entity in the Antiemetics 5-HT3 class, require a PA and quantity limit until reviewed by the P&T Advisory Committee 3. For any new chemical entity in the antiemetics cannabinoid class, require a PA and quantity limit until reviewed by the P&T Advisory Committee; 4. A Prior Authorization (PA) is required if the quantity requested is more than what is recommended in the packaging insert (The quantity limit must coincide with the packaging insert, the brand and generic quaintly limits will be the same)	<u>Selected Preferred Agents</u> -Ondansetron *(All dosage forms)*
Anti-Viral; Topical	1. Agents not selected as preferred based on economic evaluation will require PA 2. For any new chemical entity in the topical antivirals class, a PA will be required until reviewed by the P&T Advisory Committee; 3. Abreva OTC can not be sole preferred agent	<u>Selected Preferred Agents</u> -Zovirax® Ointment
Immunomodulators, Injectable: Clinical Edit - TNF Antagonists	1. Add new FDA indications of Crohn's disease and JIA to existing criteria for Humira. 2. Criteria to receive a PA for Humira- the recipient must fail 2 (two) of the current conventional therapy's traditionally used to treat patients with severe Crohn's disease 3. Modify existing quantity limits for Humira for Crohn's disease to a Quantity limit of 7 (seven) for the first month and then 4 per month afterwards. 4. All other components of program remain in place	Implement as described.